PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

APR 10 2018

NEW HAMPSHIRE PARTMENT OF STATE

I Nome of Labbuilde	David 1	S Ca	mula	,//	DEPARTMENT OF S
I. Name of Lobbyist(s)			Conflet C	<u> </u>	
II. Name of lobbyist's partn	amphell	Att	iny:1 01144	at Law	
Name of par 20 Tra falgo Business Address: (Street)	tnership, firm or corp	oration) Sulte G (Town/City)	129,	Washun, (State)	MH 03063
(63) $\overline{773} - 11$ $\overline{7}$	<u>′00</u> ()_	(Fax		e-mail	
III. This statement covers: (reportable expense transact	Choose one – file s ions which are not	eparate repo attributable	rts for each to any one c	client, OR you may lient).	file a separate report for
All reportable transactions New Hav	ny Shire	Nort	hooac	+ Corp.	following client:
OR (Full f	lame of Client as it ap	pears on the Lo	obbyist Regist	ration Form)	
☐ All reportable transactions unrelated to any particular cli		luding the lob	obyist's fami	ly), or the lobbying fi	rm listed below which are
	25, 2018 X date of registration t	o 3/31/18		y 25, 2018	
	ber 31, 2018 from 7/1/18 to 9/30/1	8		nuary 30, 2019 🗌 From 10/1/18 to 12/31/18	
V. There have been no fee If this box is checked, complete Concord, NH 03301.					
VI. Check if additional repo	rts are attached:				
☐ If you have received fees	or made expenditur	es, you must f	file Addend ı	um A- Fees and Expe	enses
☐ If you have paid an honor Expense Reimbursement	arium or reimburse	d expenses, yo	ou must file A	Addendum B– Repor	rt of Honorariums or
☐ If you, your firm, or your	family has made po	litical contrib	outions, you r	nust file Addendum	C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best of m (Signature of lobbyist)	B, RSA 14-C and R		nereby swear	or affirm that the fore $\frac{4}{\sqrt{0}}$	-
(Print Name of lobbyist)	any 12811				